MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0834

Reg. Dist. No. 246

1. PLACE OF DEATH:

County Prince Georges

City or town Mt. Rainier
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4013 - 29th St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4519 Alabama Ave., S.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Alexandria Allen

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Louella M. Allen

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 20, 1863

8. AGE: Years 76 Months 7 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace Missouri
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Allen
13. Birthplace Missouri

MOTHER
14. Maiden name Unk.
15. Birthplace "

16. Informant Mr. Rheubin Poss
Address 4519 Alabama Ave., S.E.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Jan. 22 1940 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director W. W. Chambers Co.
Address 517-11th St. S.E. (Wash. D.C.)

19. 1/22 1940 (Date rec'd by registrar) Harry Bailey M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 21 1940, at 6:10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 18 1940, to Jany 21 1940, and that I last saw him alive on Jany 18 1940.

Immediate cause of death Lobar pneumonia — DURATION 6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John N. Andrews M.D.
M. D. or other

Address 116 Willow Ave Takoma Park, Md Date signed 1-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I)

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STATE OF MARYLAND—CERTIFICATE OF DEATH

0835

1. PLACE OF DEATH

County Prince George's Registration Dist. No. 242

Village or City Maryland Park, Md. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Henry Ashby If U. S. Veteran, specify WAR

(a) Residence No. New Roadway, Md. Park, Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, and year) Aug 28, 1878

7. AGE Years 61 Months 4 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Store

10. Date deceased last worked at this occupation (month and year) Jan. 20/40

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Near Warrenton (State or country) Fauquier Co. Va.

FATHER

13. NAME Richard R. Ashby

14. BIRTHPLACE (city or town) Near Warrenton (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah E. Morehead.

16. BIRTHPLACE (city or town) New Baltimore (State or country) Va.

17. INFORMANT Albert Ashby (Address) Seat Pleasant Md

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Jan. 25th, 1940

19. UNDERTAKER W. W. Chambers Co. (Address) 517-11th St. SE. Wash. D.C.

20. FILED 1-23, 1940 Irene A. Bonner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 23d (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22nd, 1940, to Jan 23rd, 1940

I last saw him alive on Jan 22nd, 1940; death is said to have occurred on the date stated above, at 2:15 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar pneumonia — Date of onset Jan 20/40

Other Contributory Causes of Importance: acute congestion heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Apgar M.D.

(Address) Seat Pleasant, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0836

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: West Hyattsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sacred Heart Home

Stay in hospital or inst. (yrs., or mos., or days): 2 months

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1420 Col. Rd. N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Baessell

3. (b) Social Security Number: no

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

B (b) Name of husband or wife: Mina Mahler

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 29, 1862

8. AGE: Years: 77 Months: 7 Days: If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Artist

11. Industry or business:

FATHER 12. Name: Louis Baessell

13. Birthplace: Germany

MOTHER 14. Maiden name: Augusta Richter

15. Birthplace: Germany

16. Informant: Sister Superior

Address: Sacred Heart Home Hyattsville Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 1/29/40 (month) (day) (year)

Cemetery or crematory: Ce.

Location: ~~Washington D.C.~~

18. Funeral director: W. W. Chambers

Address: 1400 - Chapin St. N.W.

19. Jan 29 1940 Mrs. Jas. Severe Deputy Coord. Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 29 1940, at 2 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1939, to Jan 29 1940, and that I last saw him alive on Jan 25 1940.

Immediate cause of death: Bronchi pneumonia (senile type) — DURATION: 2 weeks

Due to:

Due to:

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Thomas E. Mattingly MD M. D. or other

Address: 2200 R Ave NE Date signed: Jan 29/40

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0837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 121

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Landover, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Landover Rural route

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Pro Georges Co

City or town Landover Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural Route Landover P. O.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Lillie E. Ball

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

8 (b) Name of husband or wife: Murray L. Ball

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): March 16, 1884

8. AGE: Years 55 | Months 9 | Days 8 | If less than one day — hrs. — min.

9. Birthplace: Nokesville Va
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: John Thomas Breen
13. Birthplace: Ireland

MOTHER
14. Maiden name: May Fannie White
15. Birthplace: Faquire Co Va

16. Informant: Odie R. Ball

Address: Landover Mds.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 27, 1940 (month) (day) (year)

Cemetery or crematory: Manassas Cemetery

Location: Manassas Virginia

18. Funeral director: F. Gasche Sons

Address: Hyattsville Md

19. Jan. 27 1940 (Date rec'd by registrar) F. McNorgh LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 5 1939, to Jan 21 1940, and that I last saw her alive on Jan 21 1940.

Immediate cause of death: Broncho pneumonia — DURATION: 3 days

Due to: Influenza — 1 week.

Due to:

Other conditions: Pulmonary Tuberculosis Carrested — years
(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Lawrence W. Malin MD
M. D. or other

Address Riverdale, Md — Date signed Jan 24, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0838

940

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George

City or town: Hyattsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sacred Heart Home

Stay in hospital or inst. (yrs., or mos., or days): 9

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Ohio County:

City or town: Warren (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No.: 323 Harmon ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Carrie M. Brooks

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: James T. Brooks

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 6, 1849

8. AGE:

Years	Months	Days	If less than one day
90	3	8	hrs. min.

9. Birthplace: Warren Ohio (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business:

FATHER — 12. Name: Henry Tunnark

13. Birthplace: Va.

MOTHER — 14. Maiden name: Jane Force

15. Birthplace: N.J.

16. Informant: Sister Superior

Address: Sacred Heart Home

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 1-16-40 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Bladensburgh Rd. Md.

18. Funeral director: Wm. J. Malley

Address: 3202 Rhode Island Ave. Mt Rainier Md.

19. Jan 15" 1940 (Date rec'd by registrar) Mrs. Jas. Devere Deputy Registrar (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Jan. 17 1940, and that I last saw h alive on Jan. 14 1940.

	DURATION
Immediate cause of death: Coronary occlusion	5 days
Due to:	
Due to:	
Other conditions: Generalized arteriosclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Thomas E. Mattingly M.D. (M. D. or other)

Address: 2000 R. Ave N.E. Date signed 1/15/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0839

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 mo 12 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 72 M St. S.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Broum, Horace

3. (b) Social Security Number: None

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Male	Negro	Widower

8 (b) Name of husband or wife: Alexine Kager

8(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 19 1886

8. AGE:

Years	Months	Days	If less than one day
53	0	18	____ hrs. ____ min.

9. Birthplace: District of Columbia
(Town, county, and state)

10. Usual occupation: Watchman

11. Industry or business: D.C. Garbage Department

FATHER — 12. Name: Broum, Richard

13. Birthplace: —

MOTHER — 14. Maiden name: Carter, Nellie

15. Birthplace: —

16. Informant: Hospital record

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof 1/7/40 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Eugene Ford

Address: 1300 S. Capitol St. SE.

19. Jan 7 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/6/40 19____, at 2:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1939, to Jan 6 1940, and that I last saw him alive on Jan 6 40 19____.

Immediate cause of death	DURATION
Pulmonary tuberculosis (miliary)	3 mo
Due to	
Due to	
Other conditions: Syphilis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Extensive tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale Sanatorium Date signed: 1/6/40

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 2 1940
BUREAU V. S.

0840

STATE OF MARYLAND—CERTIFICATE OF DEATH

95c

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 242

Village or City Lanham No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Gertrude Brown

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Walter Brown

6. DATE OF BIRTH (month, day, and year): Not known

7. AGE: Years 41? Months Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): Jan '40

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): King George County Virginia

FATHER

13. NAME: George Brady

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Walter Brown Lanham

18. BURIAL, CREMATION, OR REMOVAL: Place Glenwyer Lanham Md Date 1-30, 1940

19. UNDERTAKER (Address): F. Gasch's Sons Hyattsville, Md.

20. FILED 1-30, 1940 Mrs. John W. Houser D.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1940, to Jan 28, 1940

I last saw her alive on Jan 27, 1940; death is said to have occurred on the date stated above, at 11 30 17 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Jan '40
Other Contributory Causes of importance:	
Auricular Fibrillation	Jan '40

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry S. Robinson Jr. M. D.

(Address) Bowie, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0841
2/3

Reg. Dist. No.

1. PLACE OF DEATH:
County: Prince George
City or town: Rural Near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 mo - 18 days
Stay in this community (yrs., or mos., or days): 1 mo 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: D.C.
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1736 T. St N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Wilson Brown -
3. (b) Social Security Number: None -

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): July 4 - 1907

8. AGE: Years: 32 Months: 6 Days: 12 If less than one day: hrs. min.

9. Birthplace: Arlington Va. (Town, county, and state)
10. Usual occupation: Cook -
11. Industry or business: Unknown.
FATHER
12. Name: William Brown.
13. Birthplace: Va.
MOTHER
14. Maiden name: Hannah Brown
15. Birthplace: Arlington Va.
16. Informant: Deceased
Address: —
17. Removable (Burial, cremation, or removal. Which?) Date thereof: Jany 16, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Wash D.C.
18. Funeral director: James M. Millert Son Ry S.M. Butler
Address: 1702 - 12th St. N.W.
19. Jan 16 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 16 1940, at 1:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/28 1939 to 1/16 1940, and that I last saw him alive on Jan 16 - 1940.

Immediate cause of death: Pulmonary Tuberculosis
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy:

DURATION: 2 1/2 mos

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): — — —
Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 1/16/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

0842

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Prince George
City or town: Lanham Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: P. George's
City or town: Lanham Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph W Corridon

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Elizabeth Corridon
6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): May 15 1876

8. AGE: Years	Months	Days	If less than one day
63	8M	28	hrs. min.

9. Birthplace: DC (Town, county, and state)
10. Usual occupation: Florist
11. Industry or business
FATHER 12. Name: John Corridon
FATHER 13. Birthplace: Ireland
MOTHER 14. Maiden name: Ellen Conlon
MOTHER 15. Birthplace: Ireland
16. Informant: Elizabeth C. Corridon
Address: Lanham md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Febr 1 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore Md
18. Funeral director: F. Gaschi's Sons
Address: Bladensburg md
19. Jan. 31 1940 (Date rec'd by registrar) Mrs. John W. Howser D.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 28 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Jan 28 1940, and that I last saw him alive on Jan 28 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	4 hrs
Due to: Arteriosclerosis General	4 yrs
Due to: Age	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H B Montgomery M. D. or other
Address: Lanham Md Date signed: Jan 31/40

75A15

CEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0843

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 4 yrs. 11 mos.
Stay in this community (yrs., or mos., or days): 4 yrs. 11 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 54 V St., N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Harold Cox
3. (b) Social Security Number: Possible - none 024-07-9903

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): July 2 - 1898

8. AGE: Years 41 | Months 6 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Hotel Clerk
11. Industry or business: —
FATHER
12. Name: John B. Cox
13. Birthplace: Virginia
MOTHER
14. Maiden name: Maggie L. Mundy
15. Birthplace: Virginia
16. Informant: Deceased
Address: 54 V St. N.W. Washington D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/27/40 (month) (day) (year)
Cemetery or crematory: Peninsula Cemetery
Location: Newport News - Virginia
18. Funeral director: W. W. Chambers
Address: 1400 - Chapin St. N.W.
19. January 25 1940 (Date rec'd by registrar) Leo V. Kinneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 25 1940, at 10 30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 25 1935, to Jan. 25 1940, and that I last saw him alive on January 25 1940.
Immediate cause of death: Pulmonary Tuberculosis
Due to:
Due to:
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: no

DURATION: 13 years from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 1/25/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I)

RECEIVED
FEB 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

0844

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Pr. Geo. Co.

City or town Ritchie Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pr. Geo. Co. Alms House

Stay in hospital or inst. (yrs., or mos., or days) 2 months 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Pr. Geo Co.

City or town Cedar Heights Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Davenport

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Rosa Davenport

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 (year unknown

8. AGE: Years | Months | Days | If less than one day
approx 75 years. hrs. min.

9. Birthplace Harpers Ferry W. Va
(Town, county, and state)

10. Usual occupation Cement Work

11. Industry or business Construction jobs.

FATHER
12. Name Jim Davenport.
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Joseph Davenport (Deceased)

Address Pr. Geo Co Alms House

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 - 15 - 40, (month) (day) (year)

Cemetery or crematory Prince Geo Co. Alms House

Location Ritchie, Md.

18. Funeral director Ritchie Bros.

Address Upper Marlboro, Md.

19. Jan 13 - 1940 (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 3:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 7 1939, to Jan 12 1940, and that I last saw him alive on Jan 11 1940

Immediate cause of death Uremia — DURATION 2 months

Due to Prostatic hypertrophy — 2 years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations prostatic hypertrophy

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Scott Ritchie M.D.
M. D. or other

Address Rte 1 Benning Sta DC Date signed Jan 12 1940

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0845

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2726 Uptown N. W

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Thomas Jefferson Dawson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 15, 1867

8. AGE:

Years	Months	Days	If less than one day
72	4	18	hrs. min.

9. Birthplace: Washington D. C

(Town, county, and state)

10. Usual occupation: clerical

11. Industry or business

FATHER 12. Name: Wm P. Dawson

13. Birthplace: Washington D C

MOTHER 14. Maiden name: Mary Francis White

15. Birthplace: Washington D. C.

16. Informant: Deceased + Hosp. Records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan 2 - 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington - D.C.

18. Funeral director: J W Lee & Sons.

Address: 300 - 4½ St. N.E - Wash. D.C

19. Jan 2nd 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2 1940, at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 29 1939, to Jan 2 1940, and that I last saw him alive on Jan 2 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1 yr

Due to — DURATION:

Due to — DURATION:

Other conditions — DURATION:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pul Tbc.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 1/2/40

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0846

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town near Hyattsville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Mother Jones Rest Home

Stay in hospital or inst. (yrs., or mos., or days) 3 months.

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D. C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1819 L St. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Melissa Day

3. (b) Social Security Number No. number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Augustus Bolden Day

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 29, 1864

8. AGE: Years	Months	Days	If less than one day
76	7	1	____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name A. H. Wilkerson

13. Birthplace Virginia

MOTHER 14. Maiden name Margaret A. Gould

15. Birthplace Virginia

16. Informant L. A. Day

Address 309 Lowndes Ave. Hyatts. Md.

17. Removed (Burial, cremation, or removal. Which?) Date thereof Jan. 31 1940 (month) (day) (year)

Cemetery or crematory

Location Richmond Va.

18. Funeral director H. Gaschs Sons

Address Hyattsville Md.

19. Jan. 31 1940 (Date rec'd by registrar) Mrs. Jas Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1939 to Jan 30 1940, and that I last saw h[illegible] alive on Jan 30 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Generalized Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Hatt, M.D. M. D. or other

Address Hyattsville, Md. Date signed 1-31-40

RECEIVED
FEB 5 1940
BUREAU V. S.

0847

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 237

Village or City Aquasco No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant De Mar If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 16/40

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aquasco, Md (State or country)

FATHER

13. NAME George O. De Mar

14. BIRTHPLACE (city or town) Aquasco (State or country)

MOTHER

15. MAIDEN NAME Margie Greenwell

16. BIRTHPLACE (city or town) Holly Wood, Md (State or country)

17. INFORMANT John Grimes (Address) Aquasco, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Private Cemetary Date Jan 16th, 1940

19. UNDERTAKER A. J. Grimes (Address)

20. FILED Jan 16th, 1940 Mrs H. B. Contee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 16 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1940, to Jan 16, 1940

I last saw h ___ alive on ___, 19___; death is said to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still - born	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Hoyle Tippett M. D.

(Address) Hoyle Tippett

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

NOT ON RELEIF,

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
1948
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

0848

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince George's Co
City or town: near Berwyn Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mother Jone's Rest Home
Stay in hospital or inst. (yrs., or mos., or days): From Nov. 21 to Jan 11-1940
Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Va County: Arlington
City or town: Arlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Richard W. Digges

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife: --
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 5, 1871

8. AGE: Years	Months	Days	If less than one day
68	10	6	____ hrs. ____ min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER
12. Name: Dudley Digges
13. Birthplace: Unknown
MOTHER
14. Maiden name: unknown
15. Birthplace: Unknown
16. Informant: Welfare Association
Address: Arlington Virginia
17. Burial (Burial, cremation, or removal. Which?) Date thereof: — (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director: Ives Funeral Home
Address: Arlington Virginia
19. Jan. 11" 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11 1939 40 at 10 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 1939 to Jan 11 1940.
and that I last saw him alive on Jan 11 1940.
Immediate cause of death: Acute Cardiac Dilatation — DURATION
Due to: Carcinoma of Cap Cornel Cyp
Due to
Other conditions: Ascites — 3 mo
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Martin Pearce M. D. or other
Address: Riverdale Md. Date signed 1-11/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0849

Reg. Dist. No. 233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County Prince George
City or town Croom
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pr. George
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Diggs

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	col	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Croom Prince George Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Marshall Diggs
13. Birthplace Croom. Md

MOTHER
14. Maiden name Alice Brown
15. Birthplace Croom. Md

16. Informant Marshall Diggs
Address Croom Md

17. burial (Burial, cremation, or removal. Which?) Date thereof Jan 18. 1940 (month) (day) (year)
Cemetery Cemetery
Location Croom

18. Funeral director Marshall Diggs
Address Croom. Md

19. Jan 18 1940 (Date rec'd by registrar) Ernest N. Garner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Atelectasis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ernest N. Garner M. D. or other
Local Registrar
Address Croom Md Date signed Jan 8. 1940

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (110 b)

CERTIFICATE OF DEATH

0850

Reg. Dist. No. 232

1. PLACE OF DEATH:
County: Prince George's
City or town: Marlboro BFP #2 Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince George's
City or town: Marlboro Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Ida Lee Vixon

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or ~~wife~~: James B. Vixon
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Aug. 11 1883
8. AGE: Years 56 Months 5 Days 20 If less than one day ____ hrs. ____ min.
9. Birthplace: Ritchie - Prince George Co., Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Charles Hutchinson
13. Birthplace: Md
MOTHER 14. Maiden name: Mary Windsor
15. Birthplace: Md
16. Informant: Nellie Bohannon
Address: Hyattsville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-3-40 (month) (day) (year)
Cemetery or crematory: Epiphany
Location: Forestville, Md.
18. Funeral director: Ritchie Bros
Address: Upper Marlboro, Md.
19. Feb 2nd 1940 (Date rec'd by registrar) R. Guy Smith for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 1940, at 11:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1937, to Jan 31 1940 and that I last saw her alive on Jan. 31 1940.

Immediate cause of death	DURATION
Bronchial Pneumonia	4 days
Due to Secondary Anemia	3 years
Due to Pleural Effusion	1 year
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no Date of —
Where did injury occur? none (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: James P. Sanger M.D.
M. D. or other
Address: Upper Marlboro Date signed 2/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND
CERTIFICATE OF DEATH

6851

Registration Dist. No. 237

(2)

1 PLACE OF DEATH

County Prince George's

Village or City Aquasco (No. ____ St.: ____ Ward) (If death occurred In a hospital or Institution, give its NAME instead of street and number.)

2 FULL NAME Unnamed Douglas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	Colored	

6 DATE OF BIRTH: Jan (Month) 31 (Day), 1940 (Year)

7 AGE: ___ yrs. ___ mos. ___ ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work — —
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Aquasco

PARENTS

10 NAME OF FATHER Samuel Douglas

11 BIRTHPLACE OF FATHER (State or country) Aquasco Md

12 MAIDEN NAME OF MOTHER Rebecca Markle

13 BIRTHPLACE OF MOTHER (State or Country) Aquasco Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sydney Estep (Midwife)

(Address) Benedict Md

15 Filed Jan 31 1940 Henry B Coulter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 31, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from ____ 192__ to ____, 192__ that I last saw h__ alive on ____, 192__, and that death occurred on the date stated above, at ____ m.

The CAUSE OF DEATH * was as follows:

Midwife in attendance
child born dead

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory
Secondary

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Henry B Coulter Local Reg. D.

Jan 31 1940 (Address) Aquasco Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Johns Wesley Church Cem	Jan 31, 1940
20 UNDERTAKER	**ADDRESS**
A. J. Grimes	Aquasco Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Not on Relief)

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0852

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Seat Pleasant
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Joseph Edward Dove

3. (b) Social Security Number: —

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Eleanor J. Dove

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct 9 1853

8. AGE: Years: 86 Months: 3 Days: 15 If less than one day: hrs. min.

9. Birthplace: Calvert Co Md
(Town, county, and state)

10. Usual occupation: farmer

11. Industry or business: —

FATHER
12. Name: Ned. Dove
13. Birthplace: Md.

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Howard L. Dove

Address: 516 Daniel St Colmar Manor

17. Burial
(Burial, cremation, or removal, Which?)

Date thereof: Jan 27 1940
(month) (day) (year)

Cemetery or crematory: Mt Harmony

Location: Calvert County

18. Funeral director: F Gasch's Sons

Address: Bladensburg Md

19. 1 — 25 1940 Irene A Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 24 1940, at 4.25 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Jan 24 1940, and that I last saw h im alive on Jan 23 1940.

Immediate cause of death: chronic valvular heart disease

Due to: unknown

Due to: unknown

Other conditions: arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION: unknown / unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Zm Brady M D
M. D. or other

Address: Seat Pleasant Md Date signed: 1/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

RECEIVED
FEB 5 1940
BUREAU V. S.

Social Security No.- 577-09-7587

STATE OF MARYLAND—CERTIFICATE OF DEATH

0853

1. PLACE OF DEATH (462)

County Prince Georges Registration Dist. No. 235

Village or City Marlboro Road. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Walker Duval If U. S. Veteran, specify WAR

(a) Residence: No. Bennings D.C. R#1 St., Ward
(Usual place of abode) Marlboro Road, Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brooks Duval.

6. DATE OF BIRTH (month, day, and year) Aug 14 1890.

7. AGE: Years 49 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Ford Automobile Frank Smalls
10. Date deceased last worked at this occupation (month and year) March 1939
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Forest
(State or country) Virginia

FATHER
13. NAME Edward White Duval
14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER
15. MAIDEN NAME Mary Walker
16. BIRTHPLACE (city or town) Forest
(State or country) Virginia

17. INFORMANT Mary Brooks Duval
(Address) Bennings D.C. R#1

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1-23-1940

19. UNDERTAKER J. William Lee's Son
(Address) 300-4th St. N.E.

20. FILED 1-21-1940 Thos. D. Griffith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 20 (Day), 1940 (Year).

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to Jan 20, 1940
I last saw him alive on Jan 20, 1940; death is said to have occurred on the date stated above, at 10 20 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of colon region of apendix - with metastasis to liver and other organs	1939

Other Contributory Causes of Importance:
none of note

Operation at Sibley Hospital.

Name of operation Removal of Asc. Colon Date of April 1939

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) Paul C. Van Natta M. D.

(Address) Bennings D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0854

95-C

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 235

Village or City Oxon Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. 10 mos. 25 ds. How long in U.S. if of foreign birth? 57 yrs. — mos. — ds.

2. FULL NAME Frank Eder

(a) Residence: No. Oxon Hill Md. St., Ward —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Damm

6. DATE OF BIRTH (month, dey, end year) Apr. 8th 1864?

7. AGE Years	Months	Deys	If LESS than 1 day, — hrs. or — min.
75	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Blacksmith

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. R.R. Shops

10. Dete deceased last worked et this occupation (month and year) 1912

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) Bavaria, Germany (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT William Francis Eder (Address) Anacostia R.R. 1

18. BURIAL, CREMATION, OR REMOVAL Place St. Ignatius Church Cemetery Date Jan. 18, 1940 Oxon Hill Md.

19. UNDERTAKER T. Frank Murray (Address) 741 - 11th St. S.E. Wash. D.C.

20. FILED 1-16-, 1940 Thos. D. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1940, to Jan 16, 1940

I last saw h— alive on Jan 15th, 1940; death is said to have occurred on the date stated above, at 4 A— m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1-7-40

Other **Contributory Causes** of Importance:

Arteriosclerosis Unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur N. Meloy M. D.

(Address) 4400 Bowen Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0855

1. PLACE OF DEATH (77)

County Prince Georges Registration Dist. No. 235

Village or City Aston Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. 10 mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary D. Eden

(a) Residence: No. Aston Md R.F.D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Frank Eden

6. DATE OF BIRTH (month, day, and year) Nov. 1st 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Private Home

10. Date deceased last worked at this occupation (month and year) 6 yrs 1916 to 1922

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Bavaria, Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT William Francis Eden

(Address) Anacostia R.R. 2

18. BURIAL, CREMATION, OR REMOVAL

Place St. Ignatius Church Cem. Oxen Hill, Md Date Jan. 18, 1940

19. UNDERTAKER T. FRANK MURRAY

(Address) 741 11 St. SE WASH. D.C.

20. FILED 1-16-, 1940 Thos. S. Duffett

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 16 (Dey) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1928, to 1-16, 1940

I last saw h-r alive on 1-15, 1940; death is said to have occurred on the date stated above, at 9:45 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Other **Contributory Causes** of importance:	
Mal Nutrition	1938

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Arthur N. Maloy M. D.

(Address) 4400 Bowen Rd.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c) (B) 0856

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

1. PLACE OF DEATH:

County Prince Georges

City or town Beltsville md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Route 1

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State New York County Bronx

City or town Bronx Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2762 Yates Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cesare Gosephe Esposito

3. (b) Social Security Number 112-12-5230

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Blanche Esposito

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Feb 2 1913

8. AGE: Years	Months	Days	If less than one day
26	11	21	hrs. min.

9. Birthplace Bronx Co New York
(Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

FATHER 12. Name Michael Esposito

13. Birthplace Italy

MOTHER 14. Maiden name Antonetta D' Ambrosio

15. Birthplace Italy

16. Informant Blanche Esposito

Address 2762 Yates Ave Bronx N.Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 26 1940 (month) (day) (year)

Cemetery or crematory St Raymonds cemetery

Location Bronx New York

18. Funeral director Francis Gauché Sons

Address Hyattsville md.

19. Jan 23 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Fracture of 5 cervical vertebrae	
Due to Fracture of right femur	
Due to Hemorrhage Shock	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1-23-40

Where did injury occur? Beltsville (City or town) Prince Georges (County) md (State)

Injured at home, farm, industry, public place (where?) Route 1

Means of injury Automobile accident Injured at work? yes

23. SIGNATURE James D. Boyd M.D. or other

Address Hyattsville md Date signed 1-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 1 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

0857

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince George
City or town E. Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 8. St. Mary's st.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 80 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince George
City or town E. Hyattsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8 St. Mary's st.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wesley Euell.
3. (b) Social Security Number Had no number.

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Henrietta Euell
~~Ow~~ 6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 4, 1860
8. AGE: Years 79 Months 5 Days 25 If less than one day hrs. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Retired
FATHER 12. Name Alec Euell
13. Birthplace Virginia
MOTHER 14. Maiden name Unknown
15. Birthplace Virginia
16. Informant Lucy Gaskins
Address 8 St. Mary's st. E. Hyattsville Md.
17. ~~Burial~~ Transportation (Burial, cremation, or removal. Which?) Date thereof Feb 2/1940 (month) (day) (year)
Cemetery or crematory Euell family cemetery
Location Thoroughfare, Virginia
18. Funeral director F. Gasch's Sons.
Address Hyattsville, Md.
19. Feb. 1st 1940 Mrs. Jas. Severe Deputy Sec'y Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1940, at 11 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1940, to June 29 1940, and that I last saw h ~~m~~ alive on June 29 1940.
Immediate cause of death Myocarditis — DURATION 2 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Leonard Hunt M. D. or other
Address Hyatts Va Date signed 1-30-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0858

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (131-E)

County Prince Georges Registration Dist. No. 242

Village or City Seat Pleasant No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E Ford If U. S. Veteran, specify WAR

(a) Residence: No. Seat Pleasant St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Rogers

6. DATE OF BIRTH (month, day, and year) Sept 23 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired accountant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unk

12. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Catherine Ford (Address) Seat Pleasant Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmil Cem. Upper Marlboro Md. Date 1-17, 1940

19. UNDERTAKER Ritchie Brothers (Address) Upper Marlboro, Md.

20. FILED 1-16-, 1940 Irene A. Comer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 14 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1940, to January 14, 1940

I last saw him alive on January 13, 1940; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	unknown
Other Contributory Causes of importance:	
uremia.	1940 Jan 7

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. M. Brady M. D.

(Address) Seat Pleasant, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0859

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: P. Geo. Co

County

City or town Rossville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County P. Geo.

City or town Rossville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie T. Gaither

3. (b) Social Security Number None

4. Sex: Fem

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife William H Gaither

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1886

8. AGE: Years 53 | Months 3 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace Rossville Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name John Carter

13. Birthplace Westmoreland Co. Va

MOTHER

14. Maiden name Elizabeth Williams

15. Birthplace Muirkirk Md.

16. Informant William Gaither

Address Rossville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 29, 1940 (month) (day) (year)

Cemetery or crematory Queens Chapel Cem.

Location Muirkirk Md.

18. Funeral director J. B. Johnson

Address Annapolis

19. January 28 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 4:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to Jan 26 1940, and that I last saw her alive on Jan 26 1940.

Immediate cause of death: Cerebral Haemorrhage — DURATION: 1

Due to Chronic myocarditis - Cur. & R. Duration: two years

Due to

Other conditions Arteriosclerosis - Myocarditis H. Yes Tissue

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N B [illegible] M. D. or other

Address [illegible] Date signed 1/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0860

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince George
City or town: Fairmount Heights
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 5906 - Iowa ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Fairmount Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 5906 - Iowa Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Rosa Gordon

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	Divorced

6 (b) Name of husband or wife: Harvey Rawls
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 6, 1873

8. AGE: Years	Months	Days	If less than one day
66	8	9	hrs. min.

9. Birthplace: Prince George Co. Md
(Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: Private family
FATHER 12. Name: Samuel Gordon
13. Birthplace: Prince George Co. Md
MOTHER 14. Maiden name: Harriet Hunter
15. Birthplace: Prince George Co. Md
16. Informant: Sarah Gordon
Address: 115 - D St. S.W.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 18 1940 (month) (day) (year)
Cemetery or crematory: Payne's
Location: Washington D.C.
18. Funeral director: Ale & Bro
Address: 315 - 15 St. N.E.
19. Jan 15 1940 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 15 1940, at 8:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 12, 1940, to Jan 15 1940, and that I last saw her alive on Jan. 13 1940

Immediate cause of death	DURATION
Chronic mitral heart disease	5 Yrs
Due to	
Influenza	7 days
Due to	
Other conditions: Acute Parenchymatous nephritis (Include pregnancy within 3 months of death)	5 days

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Harrison C. Beldon M. D.
Address: Fairmount Hgts Md. Date signed: 1-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0861

(99)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 239

Village or City Laurel Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Gude If U. S. Veteran, specify WAR

(a) Residence: No. Winterbourn Farm St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Gude

6. DATE OF BIRTH (month, day, and year) Jan. 4 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Florist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredricka Knoll

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs L. G. Davis

(Address) Winterbourn Farm.

18. BURIAL, CREMATION, OR REMOVAL Place Rock Creek Cemetery Date 1-26, 1940

19. UNDERTAKER W. T. Yates Co.

(Address) 2401 14th St. NW

20. FILED Jan 23, 1940 Chas C. Wachter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1940, to 1-23, 1940.

I last saw him alive on 1-23, 1940; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis Thrombosis	1-23-40
Acute Cardiac Dilatation	1-23-40

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) B. C. Warren M. D.

(Address) Laurel Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0862

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County Pro Georges Co.
City or town Hyattsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 8 Owens Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro George Co
City or town Hyattsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8 Owens Ave Hyattsville Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Selim T. Haddad

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Zahradal Haddad
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Dec. 3, 1851
8. AGE: Years 88 yrs Months 1 Days 18 If less than one day ____ hrs. ____ min.
9. Birthplace Syria (Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Tanous Haddad
13. Birthplace Syria
MOTHER 14. Maiden name Jimal
15. Birthplace Syria
16. Informant Andna Haddad
Address Hyattsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 24, 1940 (month) (day) (year)
Cemetery or crematory Ft Lincoln
Location Washington D C
18. Funeral director L Gaschi Sons
Address Hyattsville Md
19. Jan 23 1940 (Date rec'd by registrar) Mrs. Jos. Revere Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21, 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 21 1940, and that I last saw him alive on Jan 21 1940.

	DURATION
Immediate cause of death: Lobar Pneumonia (Left lower lobe)	10 days.
Due to	
Due to (Terminal Insufficiency)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis M. Jimal M.D.
M. D. or other
Address Cottage City, Md. Date signed 1-23-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0863

Reg. Dist. No. 230

1. PLACE OF DEATH:

County PRINCE GEORGES

City or town GREENBELT, MD.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: TC CRESCENT

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 1 1/2 YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State GEORGIA County FULTON

City or town ATLANTA Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME ALFRED CARL HALIDAY

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of ~~husband or~~ wife EMMINE MARIE HALIDAY

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) MARCH 27, 1863

8. AGE: Years	Months	Days	If less than one day
76	10	19	____ hrs. ____ min.

9. Birthplace LONDON ENGLAND
(Town, county, and state)

10. Usual occupation AUDITOR

11. Industry or business AMERICAN RED CROSS

FATHER 12. Name THOMAS HALIDAY

13. Birthplace ENGLAND

MOTHER 14. Maiden name Emily —

15. Birthplace ENGLAND

16. Informant MRS. KAREN FOX

Address TC CRESCENT, GREENBELT, MD.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof Jan. 18, 1940 (month) (day) (year)

Cemetery or crematory Ft. Lincoln

Location Bladensburg, Md.

18. Funeral director W. W. Chambers Co.

Address Riverdale Md.

19. Jany. 16 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15- 1940, at 9:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAR. 15 1939, to JAN 15 1940, and that I last saw h IM alive on DEC. 18 1939.

Immediate cause of death CORONARY THROMBOSIS — DURATION SUDDEN DEATH

Due to —

Due to —

Other conditions GENERALIZED ARTERIO-SCLEROSIS, SENILITY, CARDIAC ASTHMA
(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Joe W Stitt M.D.
M. D. or other

Address Greenbelt Md. Date signed 1/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

JAN 23 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

0864

Reg. Dist. No. 236

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Mitchellville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 90 91

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Mitchellville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME James Higgins Hamilton

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ida May Hume

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1848

8. AGE:

Years	Months	Days	If less than one day
91	10	21	hrs. min.

9. Birthplace Anne Arundel (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business General Farming

FATHER 12. Name Samuel Higgins Hamilton

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth Duvall

15. Birthplace Md

16. Informant James H. Hamilton Jr.

Address Mitchellville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 31 1940 (month) (day) (year)

Cemetery or crematory St. Barnabas Cemetery

Location Leeland Md

18. Funeral director Clarence Torreare

Address Mitchellville Md

19 Jan. 30 1940 (Date rec'd by registrar) Effie B. Pumphrey Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Acute Congestive heart failure — DURATION

Due to Cardio Vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H Hamilton M. D. or other

Address Forestville Md Date signed 1-29-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

0865

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges.

City or town Capt Hgts Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Prince Georges.

City or town Capt Hgts Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6049 Southern Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Fonderlina Holt.

3. (b) Social Security Number none

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 73? Months Days If less than one day hrs. min.

9. Birthplace Wash. D C
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name

13. Birthplace Mkn

MOTHER 14. Maiden name

15. Birthplace

16. Informant Mrs Walter W. Holt.

Address 6049 - Sothern Ave Capt Hgts Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof 1-29-40 (month) (day) (year)

Cemetery or crematory Washington D C

Location Congressional Cem. 1-31-40

18. Funeral director W. W. Chambers.

Address 517-11 st SE.

19. 1-29- 1940 Irene A. Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1940, at 4:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Jan 29 1940, and that I last saw h ER alive on Jan 29 1940.

Immediate cause of death Congestive Heart Failure

Due to

Due to

Other conditions myocarditis

(Include pregnancy within 8 months of death)

Major findings:

Of operations none

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE John R. Dull MD
M. D. or other

Address 314 E Capitol St. Date signed 1/29/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115a) CB 0866

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:

County: Prince Georges County

City or town: Mt Rainier Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community ~~(yrs., or mos., or~~ days) 13 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Va County:

City or town: Vienna Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth Annabelle Horsman

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	Wh.	(child)

6 (b) Name of husband or wife: child

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 20 1929

8. AGE:

Years	Months	Days	If less than one day
10	10	17	____ hrs. ____ min.

9. Birthplace: Oakton Va.
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business: in school

FATHER
12. Name: Milton Dulany Horsman (Deceased)
13. Birthplace: Fairfax Va.

MOTHER
14. Maiden name: Eva Pauline Lawson
15. Birthplace: Fairfax Va.

16. Informant: Miss Virginia Horsman
Address: 3415 - 34th St. Mt. Rainier Md.

17. (Burial, cremation, or removal. Which?) Date thereof: Jan. 9 1940 (month) (day) (year)

Cemetery or crematory: Oakton

Location: Vienna Va.

18. Funeral director: Geo. W. Wise Co. Inc.

Address: 2900 M. St. N.W. Washington D.C.

19. 1/7 1940 Harry Kelley M.A.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 7, 1940, at 10:20 A.M. E.S.T.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1938, to Jan. 7 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death: Acute edema of the glottis.

Due to: Acute tonsillitis

Due to

Other conditions: Culture Exam for Diphtheria was negative by D.C. Health Dept.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: M. D. Rosenberger M.D.
M. D. or other

Address: Mt. Rainier Md. Date signed: 1-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

0867

Reg. Diat. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I) (T)

1. PLACE OF DEATH

County Pro Georges

City or town Calvert Hills Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 16 university Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Pro Georges Co.

City or town Calvert Hills Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 16 university Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samual Edward Houck

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widower

6 (b) Name of husband or wife Florence E. Houck

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 1, 1862

8. AGE: Years	Months	Days	If less than one day
77 yrs	8	27	____ hrs. ____ min.

9. Birthplace Cincinatti Ohio.
(Town, county, and state)

10. Usual occupation Retired Plumber

11. Industry or business

FATHER 12. Name Charles Houck

13. Birthplace Md

MOTHER 14. Maiden name Frances Weaver

15. Birthplace Md

16. Informant Helen Prince

Address 16 university Rd. Calvert Hills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 31, 1940 (month) (day) (year)

Cemetery or crematory Mound Ridge Cemetery

Location Baltimore Md

18. Funeral director F Gaeche Sons

Address Hyattsville Md.

19. Jan 29 1940 (Date rec'd by Registrar) Mrs. Jas. Devere Deputy Registrar / Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 19 40, at 11.15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 39, to Jan 25 19 40, and that I last saw him alive on Jan 25 19 40.

	DURATION
Immediate cause of death Pneumonia	14
Due to	
Due to	
Other conditions Peptic ulcer	3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leon and Harp M. D. or other

Address Hyattsville Md Date signed 1-29-40

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0868

1. PLACE OF DEATH (131-E)

County Prince Georges Registration Dist. No. 242

Village or City Boulevard Hgts No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred 9 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES NOTLEY HOWELL If U. S. Veteran, specify WAR

(a) Residence: No. 1656 – Southern Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorcad HUSBAND of ~~(or) WIFE of~~ Mabel Howell

6. DATE OF BIRTH (month, day, and year) Nov. 2nd 1857

7. AGE: Years 82 | Months 2 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total tima (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Piscataway Md.

FATHER

13. NAME John Henry Howell

14. BIRTHPLACE (city or town) (Stata or country) Md.

MOTHER

15. MAIDEN NAME Joanna Harbin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Addrass) Mabel Howell Boulevard Hgts, Md.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Placa Washington, D.C. Date Jan. 25, 1940

19. UNDERTAKER (Address) W. W. Chambers Co 517 – 11th St. S.E. Wash. D.C.

20. FILED 1-25, 1948 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 24th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from 6/15, 1935, to 1/24, 1940

I last saw him alive on 1/24, 1940; death is said to have occurred on the date stated above, at 10:45 p.m.

Tha PRINCIPAL CAUSE OF DEATH and relatad causas of importance ware as follows:

	Date of onset
cerebral hemorrhage	1/24/40

Other Contributory Causes of Importance:

cardio – vascular – renal disease	2 yrs.

Name of operation none Date of —

What test confirmed diagnosis? complete Was thera an autopsy? no

23. If death was due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Data of Injury —, 19

Whare did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Natura of injury —

24. Was disease or injury in any way ralated to occupation of deceased? no

If so, specify —

(Signad) Robt. J. Donworth M. D.

(Address) 811 – 8 – W. E.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1 (T) (I) (M)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0869

1. PLACE OF DEATH — No social Sec. Number.

County Prince George's — Registration Dist. No. 231

Village or City Silver Hill, Md. — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. — How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Joseph Irre — If U. S. Veteran, specify WAR —

(a) Residence No. Anacostia D.C. R#4 — St., — Ward.

(Usual place of abode) Silver Hill, Md. — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5e. If married, widowed, or divorced — HUSBAND of ~~(or) WIFE of~~ Freda Heuer Irre

6. DATE OF BIRTH (month, day, and yeer) July 30 1879

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
60	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Business

10. Date deceased last worked at this occupetion (month and year) Jan 1940 — 11. Total time (yeers) spent in this occupation Life

12. BIRTHPLACE (city or town) Frantzfeld, (State or country) Jugo Slavia.

FATHER

13. NAME Joseph Irre

14. BIRTHPLACE (city or town) Hungaria now. (State or country) Jugoslavia

MOTHER

15. MAIDEN NAME Elizabeth Rhom

16. BIRTHPLACE (city or town) Hungaria (Stete or counlry) now Jugoslavia

17. INFORMANT Lena Irbman (Sister) (Address) Anacostia D.C. R#4.

18. BURIAL, CREMATION, OR REMOVAL Place Journal Square Date 1-5 19 40

19. UNDERTAKER W. W. Chambers Co (Address) Riverdale, Md.

20. FILED 1/5, 1939 M. D. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1940, to Jan 5, 1940

I last saw him alive on Jan 5, 1940; death is said to have occurred on the date stated above, at 8:30A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemarrhage with paralysis of tongue and Rt side of body	1/3/40
Other Contributory Causes of importance: General Arteriosclerosis	Unknown.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of injury —

Nature of injury —

24. Was disease or injury in eny wey related to occupation of deceased? No

If so, specify —

(Signed) ~~Paul~~ C. Van Natta M. D.

(Address) Bowmansville D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. (.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

0870

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 9 Park Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9 Park Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Thomas Jennings

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen R Jennings

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1876

8. AGE: Years	Months	Days	If less than one day
63	0	6	hrs. min.

9. Birthplace Providence R.I.

(Town, county, and state)

10. Usual occupation Consulting Engineer

11. Industry or business Building

FATHER 12. Name Thomas Jennings

FATHER 13. Birthplace England

MOTHER 14. Maiden name Sarah Booth

MOTHER 15. Birthplace Providence R.I.

16. Informant Helen R Jennings

Address 9 Park Ave Hyattsville Md

17. Burial Date thereof Jan 6, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Suitland Md

18. Funeral director L Gaeche Sons

Address Hyattsville Md

19. Jan. 6 1940 Mrs. Jas. Severe

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1940, at 02:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Acute Congestive heart failure — DURATION

Due to Cardio Vascular renal disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death wae due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md Date signed 1-4-39

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BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0871

1. PLACE OF DEATH

County Prince Georges County Registration Dist. No. 246

Village or City Mt. Rainier No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma Blanche Johnson

(a) Residence: No. 4440-34th St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Harry Lee Johnson

6. DATE OF BIRTH (month, day, and year): Jan 12, 1864

7. AGE: Years 76 | Months | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt. Md.

FATHER

13. NAME: Abraham Titchener

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Ann Valentine

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs Emma Blanche Hammond 4440-34th St

18. BURIAL, CREMATION, OR REMOVAL

Place: David Ridge Date: Jan 31, 1940

19. UNDERTAKER (Address): William Cook 1217 St Paul St

20. FILED: Jan 28, 1940 Harry Walley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1940, to Jan 28, 1940

I last saw her alive on Jan 28, 1940; death is said to have occurred on the date stated above, at 3:40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bilateral bronchopneumonia	1-20-40

Other Contributory Causes of Importance:

Toxemia from pneumonia

Name of operation: none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice D. Rosenberger M. D.

(Address) 3629-34th St Mt. Rainier Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

I

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 0 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

0872

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Greenbelt

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 30 B Ridge Road

Stay in hospital or inst. (yrs., or mos., or days): 5 hours : 55 minutes

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Greenbelt Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 10 A Hillside Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby Jones

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

B (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 11 - 1940

8. AGE: Years | Months | Days | If less than one day: 5 hrs. 55 min.

9. Birthplace: Greenbelt (Prince Georges) Md.

(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Frank Thomas Jones Jr.

13. Birthplace: Washington, D. C.

MOTHER — 14. Maiden name: Eva Viola Baxter

15. Birthplace: Washington, D. C.

16. Informant: Frank Thomas Jones Jr.

Address: 10 A Hillside Road, Greenbelt

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 1/16/40 (month) (day) (year)

Cemetery or crematory: Final disposal

Location:

18. Funeral director: Jas W. Stull M.D.

Address: Greenbelt, Md.

19. Jan 18 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/11/ 1940, at 9:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/11/ 1940, to 1/11/ 1940

and that I last saw her alive on 1/11/ 1940

Immediate cause of death	Pneumaturity	DURATION
Due to		
Due to		
Other conditions	Atelectasis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Bilateral Atelectasis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jas W. Stull M.D. M. D. or other

Address: Greenbelt, Md. Date signed 1/13/40

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FEB 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (96)

0873

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town East Riverdale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 905 Jefferson Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Pro Georges Co

City or town East Riverdale Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 905 Jefferson Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Granville Kelly

3. (b) Social Security Number No.

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Marie Lillian Kelly

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 29, 1863

8. AGE: Years 76 | Months 2 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Alexandria Va
(Town, county, and state)

10. Usual occupation: Retired Govt

11. Industry or business: employer

FATHER
12. Name: James L Kelley
13. Birthplace: Va

MOTHER
14. Maiden name: Mary A. Wilson
15. Birthplace: Va

16. Informant: Ethel Howard

Address: East Riverdale Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 23, 1940 (month) (day) (year)

Cemetery or crematory: Ivy Hill Cemetery

Location: Alexandria Va

18. Funeral director: L Gascha Sons

Address: Hyattsville Md

19. Jan. 23 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 10 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Lung hemorrhage; not due to tuberculosis; but probably due to an aneurism. Duration: not stated. C.W.G.R.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE James S. Boyd M. D. or other

Address Forestville Md Date signed 1-21-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56-a)

CERTIFICATE OF DEATH

1874

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Pro Georges
City or town: Decatur Heights Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 504 Defence Highway
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pro Georges
City or town: Decatur Hts md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 504 Defence Highway
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Despina Koundouriotis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widower

6 (b) Name of husband or wife: Demetrios
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 1847

8. AGE:

Years	Months	Days	If less than one day
92	5	—	hrs. min.

9. Birthplace: Greece (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: stephen -
13. Birthplace: Greece
MOTHER 14. Maiden name: Maria (unknown)
15. Birthplace: Greece
16. Informant: stephen
Address: Dec Hts
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 31, 1940 (month) (day) (year)
Cemetery or crematory: Ft Lincoln
Location: Washington D C
18. Funeral director: E Gasche Sons
Address: Hyattsville Md
19. Jan. 31 1940 (Date rec'd by registrar) J Mc Knight LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 29 1940, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

Immediate cause of death	DURATION
Shock	
Due to Fracture of second cervical vertebrae	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 1-29-40
Where did injury occur Decatur Heights Pro Geo Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Fell down stairs Injured at work? no

23. SIGNATURE James D. Bond M. D. or other
Address Forestville Md Date signed 1-29-40

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FEB 8 1940
BUREAU V. S.

(eval 2 P.M.)
single site

130.00
15.00
7.00
2.00

125.00
40.00
165.00

0875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:

County: Pro Georges County

City or town: Mt Rainier Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3105 Perry St. Mt Rainier Md.

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Pro Georges Co.

City or town: Mt Rainier Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3105 Perry St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ernest Butler Little

3. (b) Social Security Number: 578-10-6232

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marguerite L Little

6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Jan 29, 1880

8. AGE: Years: 59 Months: 11 Days: 8 If less than one day: hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Railroad - Electric

11. Industry or business

FATHER

12. Name: Francis E Little

13. Birthplace: Conn

MOTHER

14. Maiden name: James E Evans

15. Birthplace: Conn

16. Informant: F C Little

Address: 2520-10th St N E Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 9, 1940 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Maryland

18. Funeral director: F Gasch & Sons

Address: Hyattsville Md

19. 1/8 1940 Harry Lalley M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 7, 1940, at 3000 A.M. E.S.T.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 1940, to Jan 7 1940, and that I last saw him alive on Jan 7 1940.

Immediate cause of death: Acute coronary occlusion — DURATION: 20 mins.

Due to: Chronic coronary sclerosis

Due to: Diabetes Mellitus (History of) History of mild hypertension

Other conditions:

(Include pregnancy within 8 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Maurice D. Rosenberger M.D. M. D. or other

Address: Mt. Rainier Md. Date signed: 1/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

RECEIVED
FEB 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0876

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince Georges Co

City or town: Near Berwyn Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mother Jone's Rest Home

Stay in hospital or inst. (yrs., or mos., or days): 1 Month 15 days

Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Pro Georges Co

City or town: Near Berwyn Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Berwyn Maryland (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Susan H. Magruder

3. (b) Social Security Number:

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: --

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 22, 1849

8. AGE: Years 91 yrs 90 | Months 2 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: Dr Archibald Magruder
13. Birthplace: Maryland

MOTHER
14. Maiden name: Narcissa Adamson
15. Birthplace: Maryland

16. Informant: Dr Mc Donald

Address: College Park Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 17, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Washington D. C.

19. Funeral director: F Gasch's Sons

Address: Hyattsville Md.

19. Jan 16" 1940 (Date rec'd by registrar) Mrs Jas. Lavere Deputy Logo Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 15, 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about 19 2 years to 1/15 1940, and that I last saw her alive on recently 19

Immediate cause of death: Senility — DURATION: 2 years

Due to

Due to

Other conditions: Arteriosclerosis — Several years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: W. Allen Griffith M. D. or other

Address: Berwyn, Md Date signed: 1/16/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0877

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 6 mos. 26 days

Stay in this community (yrs., or mos., or days) 1 yr. 6 mos. 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1108 Columbia Rd. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mabel Mangum

3. (b) Social Security Number ~~None~~ 577-14-3714

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 17, 1917

8. AGE: Years 22 | Months 9 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual occupation Secretarial Work

11. Industry or business Afro-American Ins. Co.

FATHER

12. Name Robert Mangum

13. Birthplace North Carolina

MOTHER

14. Maiden name Sophie Gwyn

15. Birthplace North Carolina

16. Informant Deceased

Address 1108 Columbia Rd. N.W. Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 28-1940 (month) (day) (year)

Cemetery or crematory Lincoln Memmonal

Location Suitland - Md.

18. Funeral director W. Ernest Jarvis

Address 1432 — You St N.W.

19. Jan 26th 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 5:05 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30, 1938, to Jan. 26 1940, and that I last saw her alive on Jan. 26 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Pulmonary Tuberculosis

DURATION: 4 yrs 8 mos from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other

Address Glenn Dale Sanatorium Date signed 1/26/40

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0878

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles Co's
City or town: Piscataway Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Waldorf Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John F. Marshall

3. (b) Social Security Number: no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Wid

6 (b) Name of husband or wife: Mary Williams
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 10-1856

8. AGE:

Years	Months	Days	If less than one day
83	7	27	hrs. min.

9. Birthplace: near Waldorf Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Bruce Marshall
13. Birthplace: near Waldorf Md

MOTHER
14. Maiden name: Julia Ann Boone
15. Birthplace: Md

16. Informant: Charlie Marshall
Address: Waldorf Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 9 1940 (month) (day) (year)
Cemetery or crematory: Zion Wesley
Location: Waldorf Md
18. Funeral director: Hunt & Ryon
Address: Waldorf Md

19. Jan. 7 1940 (Date rec'd by registrar) Mrs. Alton Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 6 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24 1939 to Jan 6 1940
and that I last saw alive on Dec 24 1939

	DURATION
Immediate cause of death: Urinary retention & Cystitis	2 wks
Due to: Cystitis & Enlarged Prostate	
Due to:	
Other conditions: Mitral regurgitation (Include pregnancy within 3 months of death)	4 Yrs

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John E. Bowers M. D. or other
Address: Brandywine Md Date signed: Jan 7/39

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0879

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Rural Near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or Inst. (yrs., or mos., or days): 1 mo - 16 days
Stay in this community (yrs., or mos., or days): Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: D.C.
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 200 Mass. Ave N.W
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: George R. Martz

3. (b) Social Security Number: 579-01-5580 none —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: unknown
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 12 - 1878

8. AGE:

Years	Months	Days	If less than one day
61	6	24	— hrs. — min.

9. Birthplace: Wilkinsburg Pa.
(Town, county, and state)

10. Usual occupation: Salesman —

11. Industry or business: unknown -

FATHER
12. Name: Michael C. Martz
13. Birthplace: Westmoreland Pa.

MOTHER
14. Maiden name: Sara Ann Kerr
15. Birthplace: Braddock Pa.

16. Informant: Dicased
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 1-6-40 (month) (day) (year)

Cemetery or crematory:
Location: Washington DC.

18. Funeral director: S. H. Hines Co.
Address: 2506 14th St. nw. D.C.

19. Jan 6 1940 (Date rec'd by registrar) Leo V. Klemide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 6 - 1940, at 6.50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 - 1939, to Jan 6 - 1940, and that I last saw him alive on Jan 6 - 1940

Immediate cause of death: Pulmonary Intercurrin — DURATION: 2 yrs 3 months

Due to: —

Due to: —

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: —

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?)
Means of injury — — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed 1/6/40

Glenn Dale, Md.

JAN 15 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0889

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 mo. 2 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3922 12th St. N.E

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Virginia Mc Intosh

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): 8/20/16

8. AGE:

Years	Months	Days	If less than one day
23	5	0	____ hrs. ____ min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER — 12. Name: Charles P. Mc Intosh

13. Birthplace: ?

MOTHER — 14. Maiden name: Martha Caton

15. Birthplace: ?

16. Informant: Hospital record

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 1-20-40 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: S. H. Hines Co

Address: Washington, D.C.

19. 1/20 (Date rec'd by registrar) 19 — Registrar: Lee V. Edwards M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/20/40 19 ____, at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1939, to Jan 20 1940, and that I last saw him alive on Jan. 20, 1940 19 ____.

Immediate cause of death	DURATION
Pulmonary tuberculosis	14 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. (M. D. or other)

Address: Glenn Dale Sanatorium Date signed: 1/21/40

Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 3 1940
BUREAU V. S.

0881

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Pr Geo Registration Dist. No.

Village or City Glenn Dale Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard W Neal If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE Colord
5. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (*write the word*)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1939

7. AGE Years Months Days 52 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) ~~Mar~~ Freedman Hosp. Glenn Dale
(State or country) Wash. D. C. ~~Md~~

FATHER
13. NAME Richard W Neal
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER
15. MAIDEN NAME Mary Holly
16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Richard W Neal
(Address) Glenn Dale Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodman Purely Date 1/12, 1940

19. UNDERTAKER Richard W Neal
(Address) Glendale Md

20. FILED 1/10, 1940 W. L. Scott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1940, to Jan 10, 1940
I last saw him alive on Jan 10, 1940; death is said to have occurred on the date stated above, at 5:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Bronchial Pneumonia;
Duration: five days. Geo. G. R.

Other Contributory Causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James H. Truitt M. D.
(Address) Glenn Dale Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

0882

CERTIFICATE OF DEATH

Reg. Diat. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George
City or town: N. Brentwood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 204 Lynn st.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 yrs., 5 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince George
City or town: N. Brentwood, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 204 Lynn st.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward Patterson

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Carrie Patterson
6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Oct. 16, 1883

8. AGE: Years	Months	Days	If less than one day
57	3	11	hrs. min.

9. Birthplace: Shelby, N. C. (Town, county, and state)
10. Usual occupation: Lawn and Flower Tender
11. Industry or business: Nursery
FATHER 12. Name: Howard Patterson
FATHER 13. Birthplace: Shelby, N. C.
MOTHER 14. Maiden name: Dora Robertson
MOTHER 15. Birthplace: Waco, N. C.
16. Informant: Dora Clinton, Daughter
Address: 204 Lynn st., N. Brentwood, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 30, 1940 (month) (day) (year)
Cemetery or crematory: Harmony
Location: Washington, D. C.
18. Funeral director: Francis Gasch's Sons
Address: Hyattsville, Md.
19. Jan. 30 1940 (Date rec'd by registrar) Mo. Jas. Severe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 27 1940, at 8:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/29 1939, to 1-27 1940, and that I last saw h[illegible] alive on 1-27 1940.

Immediate cause of death: Myocarditis
Acute
DURATION: 1939

Due to: Indirect cause: Mixed infection of leg; pathogenic
Due to: Not due to accident or injury
Other conditions: Infected Leg; pathogenic. W.R. 1-10-40
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. W. Spiller M. D.
M. D. or other
Address: Brentwood Md. Date signed 1-24-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0883

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 5 days

Stay in this community (yrs., or mos., or days): 5 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5316 - Reno Rd - N. W

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William A. Powers

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Adele Powers

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): March 26, 1878

8. AGE: Years	Months	Days	If less than one day
61	8	8	hrs. min.

9. Birthplace: East calais - Washington

(Town, county, and state)

10. Usual occupation: Administratrix

11. Industry or business:

FATHER — 12. Name: Andrew Powers

13. Birthplace: Maine

MOTHER — 14. Maiden name: Julia Harnett

15. Birthplace: Maine

16. Informant: Deceased + Hosp Records.

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan 3 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: W. W. Chamberlain

Address: 1400 - Chapin St. N.W.

19. Jan 3, 1940 (Date rec'd by registrar) Leo V. Almeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1940, at 3:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29 1939, to Jan 3 1940, and that I last saw him alive on Jan 3 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: injured at work?

23. SIGNATURE: Daniel Lee Pinscare M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed 1/3/40

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 19 1940
BUREAU V. S.

0884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Pro Georges Co.

City or town Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 34 Guy ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Georges Co

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 34 Guy ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Reeves

3. (b) Social Security Number 212-14-5184

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Elizabeth Reeves

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1875

8. AGE: Years	Months	Days	If less than one day
64 yrs	6	12	hrs. min.

9. Birthplace England (Town, county, and state)

10. Usual occupation Bricklayer

11. Industry or business

FATHER 12. Name John Reeves

13. Birthplace England

MOTHER 14. Maiden name Katherine Griffith

15. Birthplace wales

16. Informant Mrs Elizabeth Reeves

Address 34 Guy Ave. Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 25, 1940 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Washington D C

18. Funeral director L Gasch's Sons

Address Hyattsville Md

19. Jan. 24 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1939, to Jan 22 1940, and that I last saw him alive on Jan 22 1940.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D.

M. D. or other

Address Hyattsville, Md Date signed 1-23-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

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FEB 5 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-P)

0885

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
County Prince George Co Md
City or town Brandywine Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amanda Melvina Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Robert Henry Robinson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9 - 1849

8. AGE:

Years	Months	Days	If less than one day
90	10	18	hrs. min.

9. Birthplace Prince Georges Co Baden Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Robert Baden
13. Birthplace Prince Georges Co

MOTHER
14. Maiden name Carolyne Early
15. Birthplace Brandywine Md

16. Informant Margaret Early
Address Brandywine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-24-1940 (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Baden, Maryland

18. Funeral director Ritchie Bros.
Address Upper Marlboro Md.

19 Jan. 22 1940 F. H. Billingsley (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940 at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 22 1940 and that I last saw h[illegible] alive on January 21 1940

Immediate cause of death	DURATION
Acute Bronchitis	10 days
Due to Acute Coryza	
Due to	
Other conditions Chronic Mutral Regurgitation and Arteris Sclerosis	6 Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert E. Bowers Md
M. D. or other
Address Brandywine Md Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0886

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Rural near Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 11 mos - 13 days
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D. C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 502-21st St. N.W. Washington D.C.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Christine Rose

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1932

8. AGE:

Years	Months	Days	If less than one day
7	3	22	hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation None -

11. Industry or business —

FATHER 12. Name Henry Rose.
13. Birthplace Charlotte N.C.

MOTHER 14. Maiden name Sadie Mickey
15. Birthplace N.C.

16. Informant Henry Rose
Address 502-21st St. N.W. Washington D.C.

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof 1/31/40
(month) (day) (year)

Cemetery or crematory —
Location Washington, D.C.

18. Funeral director Johnson & Juncins Funeral Home
Address 2053 Georgia Ave., N.W. Wash., D.C.

19 January 31 19 40 Leo V. DeMeida M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 19 40, at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/17 19 39, to 1/30 19 40, and that I last saw h— alive on 1/30 - 19 40.

Immediate cause of death Pulmonary Tuberculosis — DURATION 1 yr.

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D.
M. D. or other

Address Glenn Dale Sanitorium Date signed 1/30/40

Glenn Dale, Md.

RECEIVED
FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0887

1. PLACE OF DEATH (97)

County Prince George Registration Dist. No. 235

Village or City Benning D.C. R#1 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Sagorske If U. S. Veteran, specify WAR

(a) Residence: No. Bennings D.C. R#1 St., Ward.

(Usual place of abode) ~~Wh~~ Walker Mill, Road (If no president give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Maske Sagorske

6. DATE OF BIRTH (month, day, and year): March 11 1852

7. AGE: Years 87 Months 10 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Garden Trucker

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Near Berlin Germany.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: unknown ~~Maske~~

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Annie Chambers Bennings D.C. R#1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Ep. Cem. Forestville Date: 1-26-, 1940

19. UNDERTAKER (Address): H. M. Padgett 131-11th St S.E. D.C.

20. FILED: 1-25-, 1940 Thos. D. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1940, to Jan 24, 1940

I last saw him alive on Jan 23, 1940; death is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis with obliterative gangrene of Right foot. — followed	unknown Dec 1939.
Other Contributory Causes of importance: secondary infection and General Septicaemia	Jan 15 1940.

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul C Van Natta M. D.

(Address) Bennings D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 8 1928 BUREAU U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0888

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges.

City or town: Glenn Dale.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale San.

Stay in hospital or inst. (yrs., or mos., or days): 8 mos. - r days

Stay in this community (yrs., or mos., or days): 8 mos - r days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Washington D C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 947 P St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -

3. (a) FULL NAME: William Sawyer.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 19 - 1919

8. AGE: Years	Months	Days	If less than one day
20	11	17.	hrs. min.

9. Birthplace: Virginia (Town, county and state)

10. Usual occupation: Student

11. Industry or business:

FATHER 12. Name: Samuel Sawyer.

FATHER 13. Birthplace: North Carolina

MOTHER 14. Maiden name: Emma ?

MOTHER 15. Birthplace: North Carolina

16. Informant: deceased.

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 - 9 - 40 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery

Location: Washington DC.

18. Funeral director: Walter Hunter

Address: 2503 - Nichols ave. S.E.

19. Jan 6 19 40 (Date rec'd by registrar) Leo V. DeMeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6 19 40, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 19 39, to January 6 19 40, and that I last saw him alive on January 6 19 40.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	r yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed 1/6/40

Glenn Dale, Md.

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0889

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince Georges
City or town Near Marlboro Md. ~~Near Washington D.C.~~
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sacred Heart Home
Stay in hospital or inst. (yrs., or mos., or days) 1 week
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3321 Holmead Pl., N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida L. Seitz

3. (b) Social Security Number

4. Sex F.
5. Color or race W
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife William W. Seitz
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 76 Months Days If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Ret Clerk
11. Industry or business U.S. Govt
FATHER 12. Name R. M. Latimer
13. Birthplace Md.
MOTHER 14. Maiden name Annie Rowlings
15. Birthplace Md.
16. Informant Ida L. Seitz
Address 3321 Holmead Pl. N.W.
17. ~~Removal~~ Bridge Date thereof Jan. 28, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location ~~Riverdale~~ Prince Geo. Co. Md.
18. Funeral director W. W. Chambers Co.
Address Riverdale Md.
19. Jan. 29th 1940 Mrs. Jas. Severe
(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1940, at 8 pM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 28 1940, and that I last saw her alive on Jan 28 1940.
Immediate cause of death Labor pneumonia — DURATION 2 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (Connty) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. J. Connolly M.D.
M. D. or other
Address 1635 Irving St. N.W. Date signed 1-29-40
Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Social Security No.:- 138-01-4817 Rose

(93d)

1. PLACE OF DEATH 2460890

County Prince George's Registration Dist. No.

Village or City Brentwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Shields If U. S. Veteran, specify WAR

(a) Residence: No. 3517- Dewey St., Ward. Brentwood Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calandhe Shields

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janitor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D.C. (State or country)

FATHER

13. NAME Andrew Shields

14. BIRTHPLACE (city or town) Washington D.C. (State or country)

MOTHER

15. MAIDEN NAME Wash. D.C.

16. BIRTHPLACE (city or town) Esther Thornton (State or country)

17. INFORMANT William D. Shields (Address) 3609- Rhode

18. BURIAL, CREMATION, OR REMOVAL Place Lake Lawn Cemetery Date Jan. 27, 1940

19. UNDERTAKER Jonathan Hanlon (Address) 641- Ft. Md.

20. FILED Jan 25 1940 Ft. Lally Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 24 - 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1940, to Jan 25 -, 1940

I last saw him alive on Jan 24, 1940; death is said to have occurred on the date stated above, at 2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	-
Other Contributory Causes of importence:	
Chronic Myocarditis.	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Walley M D

(Address) Brentwood Md M.D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(1)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134a)

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:

County Prince George

City or town Oxon Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 46 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Prince George

City or town Oxon Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Smallwood

3. (b) Social Security Number NONE

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Nash Smallwood

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Charles Co Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name Leonard Butler
13. Birthplace Maryland

MOTHER
14. Maiden name Matilda Butler
15. Birthplace Md

16. Informant Rosel Smallwood
Address Oxon Hill Md

17. (Burial, cremation, or removal. Which?) Date thereof Jan. 18-40 (month) (day) (year)

Cemetery or crematory Oxon Hill Md

Location Prince George County

18. Funeral director John T. Kliner & Co
Address 901 3 St. S.W.

19. Jan 16 1940 Harvey E. Lyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death acute congestive heart failure

Due to cardio vascular renal disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James T. Boyd M. D. or other
Address Forestville Md Date signed 1-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0892

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 29 days

Stay in this community (yrs., or mos., or days) 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 315 Franklin St. N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME William C. Steidel

3. (b) Social Security Number 577-10-7190

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Vera V. Seidel

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 21 - 1876

8. AGE: Years 63 | Months 3 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace Cincinnati, Ohio
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name George Jacob Steidel
13. Birthplace Germany

MOTHER
14. Maiden name Margaret Gruesch
15. Birthplace Germany

16. Informant Deceased

Address 315 Franklin St. N.E. Wash. D.C.

17. Cremation
(Burial, cremation, or removal. Which?)

Date thereof Jan 24 1940
(month) (day) (year)

Cemetery or crematory Cedar Hill

Location Surtland, Maryland

18. Funeral director Jos T Birch's Sons

Address 303 + M St N.W.

19. 1/22 1940 Leo V. Kennedy M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23 1939, to Jan. 22 1940, and that I last saw him alive on Jan. 22, 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

DURATION: 3 years from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other

Address Glenn Dale Sanatorium Date signed 1/22/40

Glenn Dale, Md.

RECEIVED
FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0893

1. PLACE OF DEATH (191a)

County Prince Georges. Registration Dist. No. 235

Village or City Bradbury Hgts mod. No. 4706 Stanley ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William W. Suthard If U. S. Veteran, specify WAR .....

(a) Residence: No. 4706 Stanley St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula Suthard

6. DATE OF BIRTH (month, day, and year): Feb. 24, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: .....

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: William Suthard

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: .....

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Fred. M. Suthard

(Address) 4626 Stanley St. Bradbury Hgts

18. BURIAL, CREMATION, OR REMOVAL

Place Wash D.C. Date 1-17, 1940

19. UNDERTAKER: W.W. Chambers Co.

(Address) 517-11 st SE.

20. FILED Jan 17, 1940 L.O Minear

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.....; death is said to have occurred on the date stated above, at 6:30 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardio Vascular renal disease	
Other **Contributory Causes** of importance:	
Acute Congestive heart failure	

Name of operation ..... Date of .....

Whet test confirmed diegnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James D. Boyd M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

0894

Reg. Dist. No. 235

1. PLACE OF DEATH:
County Pr. Geo Co
City or town Ritchie Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pr. Geo. Co Alms House
Stay in hospital or inst. (yrs., or mos., or days) 4 yrs 5 mths
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Pr. Geo Co.
City or town Seat Pleasant Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew Swann

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of wife Josephine Lundgren
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 1854

8. AGE: Years 85 | Months 9 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Sweden (Town, county, and state)
10. Usual occupation Tailor
11. Industry or business

FATHER
12. Name Hans Swann
13. Birthplace Sweden

MOTHER
14. Maiden name Martha Hanson
15. Birthplace Sweden

16. Informant Andrew Swann (deceased)
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 15 - 40 (month) (day) (year)
Cemetery or crematory Epiphany
Location Forestville Md.
18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.

19. Jan 13 1940 (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1, 1935, to Jan 12 1940, and that I last saw him alive on Jan 12 1940

Immediate cause of death	DURATION
Uremia	3 days
Due to Acute Bronchitis	3 days
Due to	
Other conditions Senile Cardio vascular renal disease	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Scott Ritchie MD M. D. or other
Address Rte 1 Benning Sta DC Date signed Jan 12 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0895

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 11 mos. 29 days

Stay in this community (yrs., or mos., or days): 1 yr. 11 mos. 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 308 K St. - S.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: N

3. (a) FULL NAME: Oscar Taylor

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

B (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 15, 1858

8. AGE: Years	Months	Days	If less than one day
51	9	19	hrs. min.

9. Birthplace: Westmoreland Co. Virginia
(Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: —

FATHER 12. Name: Wilton Taylor

FATHER 13. Birthplace: Virginia

MOTHER 14. Maiden name: Birtie Jackson

MOTHER 15. Birthplace: Virginia

18. Informant: Deceased

Address: 308 K St. S.W. Washington, D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: January 8, 1940 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Robinson Company

Address: 1342 - 4th St. N.W.

19. Jan 8 1940 (Date rec'd by registrar) Leo V. Kinsella M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 7, 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 1938, to Jan. 7, 1940, and that I last saw him alive on Jan. 4, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 years
Due to	Home History
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Lee Pincura M.D.
M. D. or other

Address: Glenn Dale Sanatorium Date signed: 1/4/40

Glenn Dale, Md.

RECEIVED
FEB 3. 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-B)

0896

CERTIFICATE OF DEATH

Reg. Dist. No. 2 30

1. PLACE OF DEATH:

County Prince Georges

City or town Lakeland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Columbia Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Prince Georges

City or town Lakeland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Columbia Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbara Ann Thomas

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23, 39

8. AGE:

Years	Months	Days	If less than one day
	2	4	hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation ~~[illegible]~~ None

11. Industry or business

FATHER
12. Name Charles Thomas
13. Birthplace Md

MOTHER
14. Maiden name Catherine Hardman
15. Birthplace Md

16. Informant Charles Thomas

Address Lakeland Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Jan 28, 1940.
(month) (day) (year)

Cemetery or crematory Methodist ~~Mt. Oliver~~ Cemetery

Location Prince Georges Co. Bladensburg ~~Calvert Co.~~ Maryland

19. Funeral director L. Gasch's Sons

Address Hyattsville Md.

19. Jan 28 1940 John D. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Intestinal obstruction

Primary Cause: Unknown.

Due to Duration: Unknown C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd
M. D. or other

Address Forestville Md Date signed 1-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

Wash D.C.

RECEIVED
FEB 5 1940
BUREAU V. S.

0897

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 237

1 PLACE OF DEATH
County Pr. Geor.

Village or City Aquasco (No. ____ St.: ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lt. Caroline Turner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH
Feb (Month) 8 (Day), 1857 (Year)

7 AGE
82 yrs. 11 mos. 16 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work ____
(b) General nature of industry business, or establishment in which employed or (employer) Housekeeper

PARENTS

9 BIRTHPLACE (State or country) Aquasco Md
10 NAME OF FATHER John Edward Turner
11 BIRTHPLACE OF FATHER (State or country) Md
12 MAIDEN NAME OF MOTHER Mary Eliza Turner
13 BIRTHPLACE OF MOTHER (State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mary Lisle
(Address) Aquasco Md

15 Filed Jan 7 1940 Henry B Carter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 6 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 3 1939 to Jan 6, 1940, that I last saw him alive on Jan 5, 1940 and that death occurred on the date stated above, at 2-10 P.m.

The CAUSE OF DEATH * was as follows:

Hypostatic Pneumonia

(Duration) ____ yrs. 9 mos. ____ ds.

Contributory Secondary Arteriosclerosis

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) F M Freeman M. D.
Jan 7 1940 (Address) Aquasco Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? ____
Former or usual residence ____

19 PLACE OF BURIAL OR REMOVAL Aquasco Md — DATE OF BURIAL Jan 8, 1940

20 UNDERTAKER C. L. Gravier — ADDRESS Aquasco Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., requesting V. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOT ON RELIEF.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Form laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 8 1909 BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0898

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
County Prince Georges
City or town Beltsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Beltsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Lille

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Edward Lille
6(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Sept 20th 1860

8. AGE:

Years	Months	Days	If less than one day
79	3	25	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation housewife
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace Maryland

MOTHER
14. Maiden name unknown
15. Birthplace Maryland

16. Informant Edward Lille
Address Beltsville Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan-16th 1940 (month) (day) (year)
Cemetery or crematory St Johns
Location Beltsville Md.
18. Funeral director Lloyd Kaiser
Address Laurel Md.
19. January 15 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1940, to Jan 14 1940, and that I last saw h[illegible] alive on Jan 14 1940.

Immediate cause of death	DURATION
Acute Coronary Occlusion	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address Hyattsville Md Date signed 1-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0899

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or insf. (yrs., or mos., or days): 3 mos. 17 dos.
Stay in this community (yrs., or mos., or days): 3 mos. 17 dos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of County: Columbia
City or town: Washington Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 101 - E st. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Sanford William Vanover

3. (b) Social Security Number: 577-12-2321

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married (separated)
6 (b) Name of ~~husband or~~ wife: Irene Patton
6(c) If alive, give age: Mrs. Vanover years
7. Birth date of deceased (mo., day, yr.): July 6, 1915

8. AGE: Years: 24 Months: 6 Days: 17 If less than one day: — hrs. — min.

9. Birthplace: Logan, W. Va. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: —
FATHER
12. Name: Monte Vanover
13. Birthplace: Lexington, Va.
MOTHER
14. Maiden name: Vadie Hoosier
15. Birthplace: Lexington, Va.
16. Informant: deceased
Address: above
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan. 25 1940 (month) (day) (year)
Cemetery or crematory: District Morgue
Location: Washington, D. C.
18. Funeral director: District Morgue
Address: Washington D. C.
19. Jan 25 1940 (Date rec'd by registrar) Leo V. Schmide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 23 1940, at 8 45 p.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 6, 1939, to Jan. 23 1940, and that I last saw him alive on Jan. 23 1940.
Immediate cause of death: Pulmonary Tuberculosis
DURATION: Since Aug 1938
Due to:
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 1/23/40
Glenn Dale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

0900

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Pr. Geo. Co.

City or town Ritchie Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pr. Geo Co. Alms House

Stay in hospital or inst. (yrs., or mos., or days) 5 mths 17 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Pr. Geo Co.

City or town Berwyn, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriet Walsh

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Michael Francis Walsh

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 3 1859

8. AGE:

Years	Months	Days	If less than one day
80	1	17	____ hrs. ____ min.

9. Birthplace London England
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name John Hargraves
13. Birthplace London England

MOTHER
14. Maiden name Susie Lane
15. Birthplace London England.

16. Informant Pr Geo Co Alms House Record.

Address Rte 1 Benning Sta DC.

17. (Burial, cremation, or removal. Which?) Date thereof Jan 20/40 (month) (day) (year)

Cemetery or crematory Washington D.C.

Location

18. Funeral director Timothy Hanlon

Address 641-H St. N.E.

19. Jan 20 1940 (Date rec'd by registrar) Thos. D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 3 1939, to Jan 20 1940, and that I last saw her alive on Jan 18 1940.

Immediate cause of death adenocarcinoma of uterus — DURATION 1 year

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations History of diagnostic curetage showing cancer of uterus
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Sirit Ritchie MD
M. D. or other

Address Rte 1 Benning Sta DC Date signed Jan 20 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0901

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 233

Village or City Baden No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Watson

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Westwood Md
(State or country)

FATHER

13. NAME Joshua Watson

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Rosie Watson
(Address) Baden Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Peters Cem Date Jan 16, 1940

19. UNDERTAKER A. J. Frches
(Address) Aquasco, Md

20. FILED Jan 14, 1940 Ernest N. Garner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1939, to Jan 13, 1940

I last saw her alive on Jan 13, 1941; death is said to heve occurred on the dete stated above, at 8:40 a.m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:

	Date of onset
Typhoid Fever	
Other Contributory Causes of importance:	

Name of operetion Dete of

Whet test confirmed diagnosis? Wes there an eutopsy?

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupetion of deceased? No

If so, specify

(Signed) William H. Gibbons M. D.

(Address) Croom Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George

City or town Laurel Md. (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Prince George

City or town Rural near Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Jerinia Whitehead

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ John T. Whitehead

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 1870

8. AGE: Years 69 Months April Days — If less than one day ____ hrs. ____ min.

9. Birthplace Fredericksburg Va.
(Town, county, and state)

10. Usual occupation Housecorps

11. Industry or business Home

FATHER
12. Name Hassett
13. Birthplace —

MOTHER
14. Maiden name Anderson
15. Birthplace —

16. Informant John T. Whitehead

Address Laurel Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)

Date thereof Jan. 27/40
(month) (day) (year)

Cemetery or crematory Ivy Hill

Location Laurel Md.

18. Funeral director Wm. Wm. Donaldson

Address Laurel Md.

19. Jan 27 1940 M Brashears
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Jan 25 1940, and that I last saw her alive on Jan 25 1940.

Immediate cause of death Cerebral Hemorrhage

DURATION 5 da

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N B Pennell M. D. or other

Address Laurel Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0903

Reg. Dist. No. 230

1. PLACE OF DEATH:
County: Prince Georges Co.
City or town: Bettsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Sussex Co.
City or town: Laurel Delaware Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Willard C. Williams

3. (b) Social Security Number: 221-05-5057

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Mildred Williams

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec 1, 1906

8. AGE: Years	Months	Days	If less than one day
33	1	18	____ hrs. ____ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business

FATHER
12. Name: Willard S. Williams
13. Birthplace: Maryland

MOTHER
14. Maiden name: Minnie E. Baker
15. Birthplace: Delaware

16. Informant: Willard S. Williams
Address: Bethany Beach Delaware

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 26, 1940 (month) (day) (year)

Cemetery or crematory: Odds Fellows Cemetery
Location: Laurel Delaware

18. Funeral director: Francis Gaschs Sons
Address: Hyattsville Md

19. Jan 23 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 23, 1940, at 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Hemorrhage Shock	
Due to Crushed Abdomen and Chest	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 1-23-40
Where did injury occur? Bettsville Pa Co. Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Route 1
Means of injury: Auto mobile accident Injured at work? Yes

23. SIGNATURE: James D. Boyd M. D. or other
Address: Forestville Md Date signed 1-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0904

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Queen's Chapel Road, Sacred Heart Home

Stay in hospital or inst. (yrs., or mos., or days) 4yrs. 4mo. 11das.

Stay in this community (yrs., or mos., or days) 4yrs. 4mo. 11das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Indian Head Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Wills

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife -

6(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1862

8. AGE: Years 77 Months 2 Days 16 If less than one day - hrs. - min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation House keeper

11. Industry or business -

FATHER
12. Name Chas. H. Wills
13. Birthplace Maryland

MOTHER
14. Maiden name Anna M. Thompson
15. Birthplace Maryland

16. Informant Sister Superior

Address Sacred Heart Home, Hytts. Md.

17. Buriial (Burial, cremation, or removal. Which?) Date thereof Jan. 13/40 (month) (day) (year)

Cemetery or crematory St. Josephs

Location Pomfret, Md.

18. Funeral director Francis J. Collins

Address 3821 14th. St.N.W. Washington, D.C.

19. Jan. 13" 1940 Mrs. Jas. Severe Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1940, at 1 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1939, to Jan. 11, 1940, and that I last saw her alive on Jan. 9, 1940.

Immediate cause of death Carcinoma of liver

Due to Unknown

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION about 6 wks.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide / Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Gary W. Latimer M.D.
M. D. or other

Address Hyattsville, Md. Date signed 1-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.